Department of Agriculture, Trade and Consumer

Consumer

Protection

To Businesses:

We encourage consumers to use this form when they first contact you with a problem.

Please take this opportunity to promote your business by quickly working out this dispute.

| 1. How do we contact you? | | | | |
|--|------------------------|---|---------------------|--|
| Name: (Mr. Mrs. Miss Ms.)_ | (first) | (middle) | (14) | |
| | | | or () ext | |
| Phone me between 8:00 A.M. and 4:00 P.M. at: | : (circle one) | Home Work Best tin | ne: | |
| Address: | | PO Box: | Apt.# | |
| City: | State: | Zip: | County: | |
| 2. What business is your complaint against | ? | | | |
| Name of business: | | | | |
| Address: | | PO Box: | Apt.# | |
| City: | State: | Zip: | County: | |
| Phone: () Name of p | erson d to: | Zip: County: | | |
| Information about your complaint | | | | |
| 3. Which of the following best describes your fi | rst contact with | the business: (check one) | | |
| Person from business called r Business sent me information I attended a convention or trace 4. When did the first contact occur? | in the mail de show | I telephoned the bus I responded to a radi I responded to a prin month: day | o or TV ad | |
| 5. How old is the person who had contact with | | _ | | |
| 6. What product or service did you buy? (please | | | | |
| | | Where: | | |
| 8. Did you sign a contract? (circle one) No Yes Date: Number on contract, policy or receipt | | | | |
| 9. If yes, where were you when you signed the | contract? | | | |
| 10. Amount paid: \$ by: | (circle one) | cash check credit card | financed other plan | |
| 11. Where did you pay the business: (check one) |) | | | |
| At my homeOver the telephone by credit cardBy mail | | At the company's place of businessAt a convention or trade showIn someone else's home | | |
| 12. Did you contact the business about your complaint? | Yes No | When? | What happened? | |
| 13. Have you filed this complaint with another agency | Yes No | Agency name? | What happened? | |
| 14. Have you contacted a private attorney? | Yes No | Have you started court action? | Yes No | |

| 6. How do you feel your complaint should be resolved? (please be specific) his complaint and the information you provide will be used in efforts to resolve your problem and will typically be shared with re party complained against. It may also be used to enforce applicable state laws. Under Wisconsin's Open Records Law, thi omplaint will be available for public review upon request, after this department's action is comploted. The above information is true and accurate to the best of my knowledge. **Cour signature:** Return this form and copies of your papers to our office located nearest to the business: NORTHWEST REGIONAL OFFICE SOUTHEAST REGIONAL OFFICE ** NORTHEAST REGIONAL OFFICE ** SOUTHWEST REGIONAL OFFICE ** 20 N Jefferson St. Ste 146A ** PO Box 8811 ** Eacl Claire WI 64701 ** Minwakee WI 6326-3450 ** Green Bay WI 64301 ** Madison WI 53708-3911 (7/5) 839-146 ** FNAC (414) 268-123 ** FNAC (420) 448-5110 ** FNAC (608) 224-4960 ** FNAC (475) 839-1464 ** FNAC (440) 268-123 ** FNAC (420) 448-5110 ** FNAC (608) 224-4960 ** FNAC (609) 2 | 15. Describe your complaint ir | detail | | |
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| | If the business is | s located outside of Wisconsin re | turn this form to our Consumer Inf | formation Center: |

DATCP - CONSUMER INFORMATION CENTER PO Box 8911

Madison WI 53708-8911 (800) 422-7128

FAX: (608) 224-4939

4-4939 TDD: (608) 224-5058 EMAIL: datcphotline@datcp.state.wi.us WEBSITE: http://datcp.state.wi.us/